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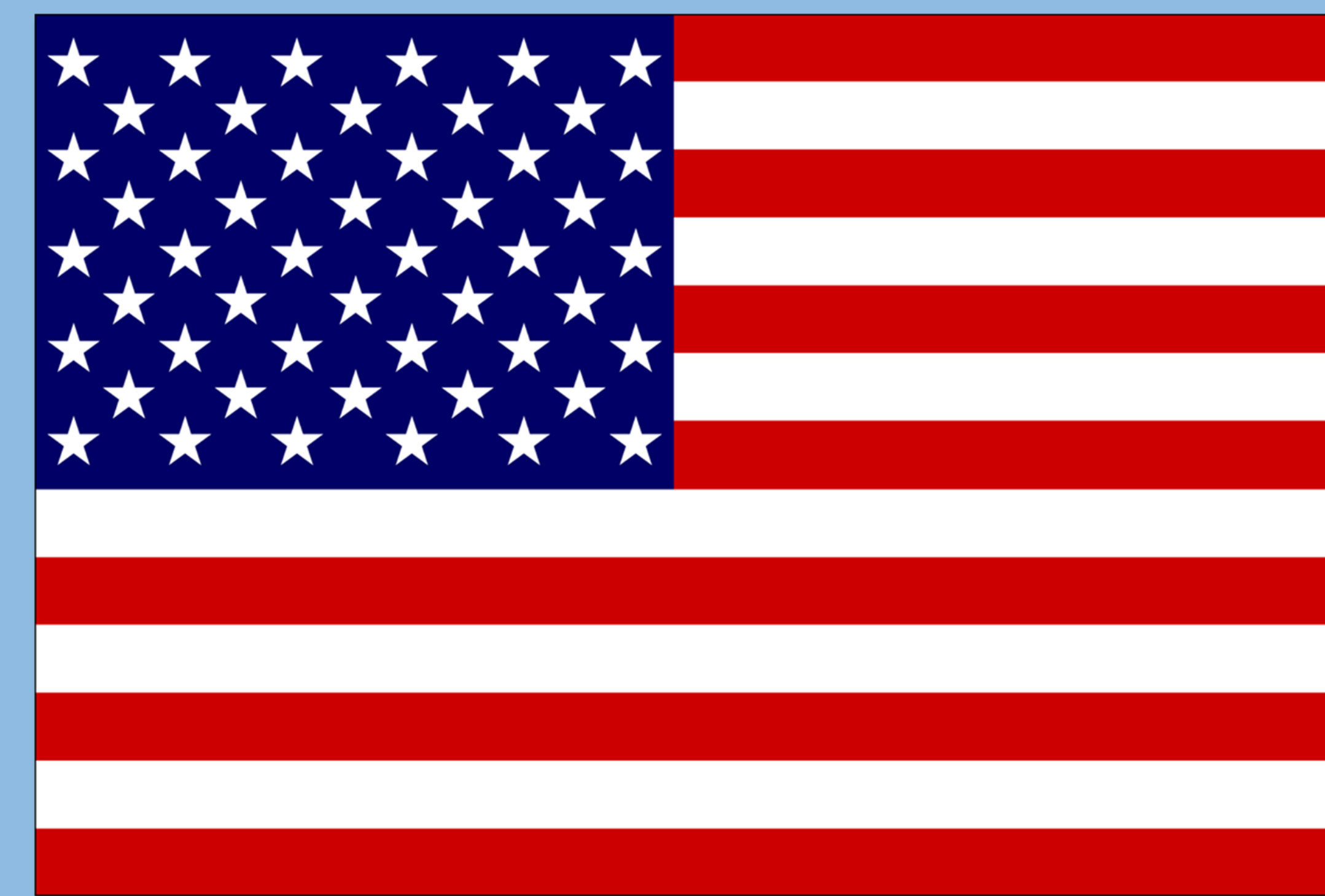
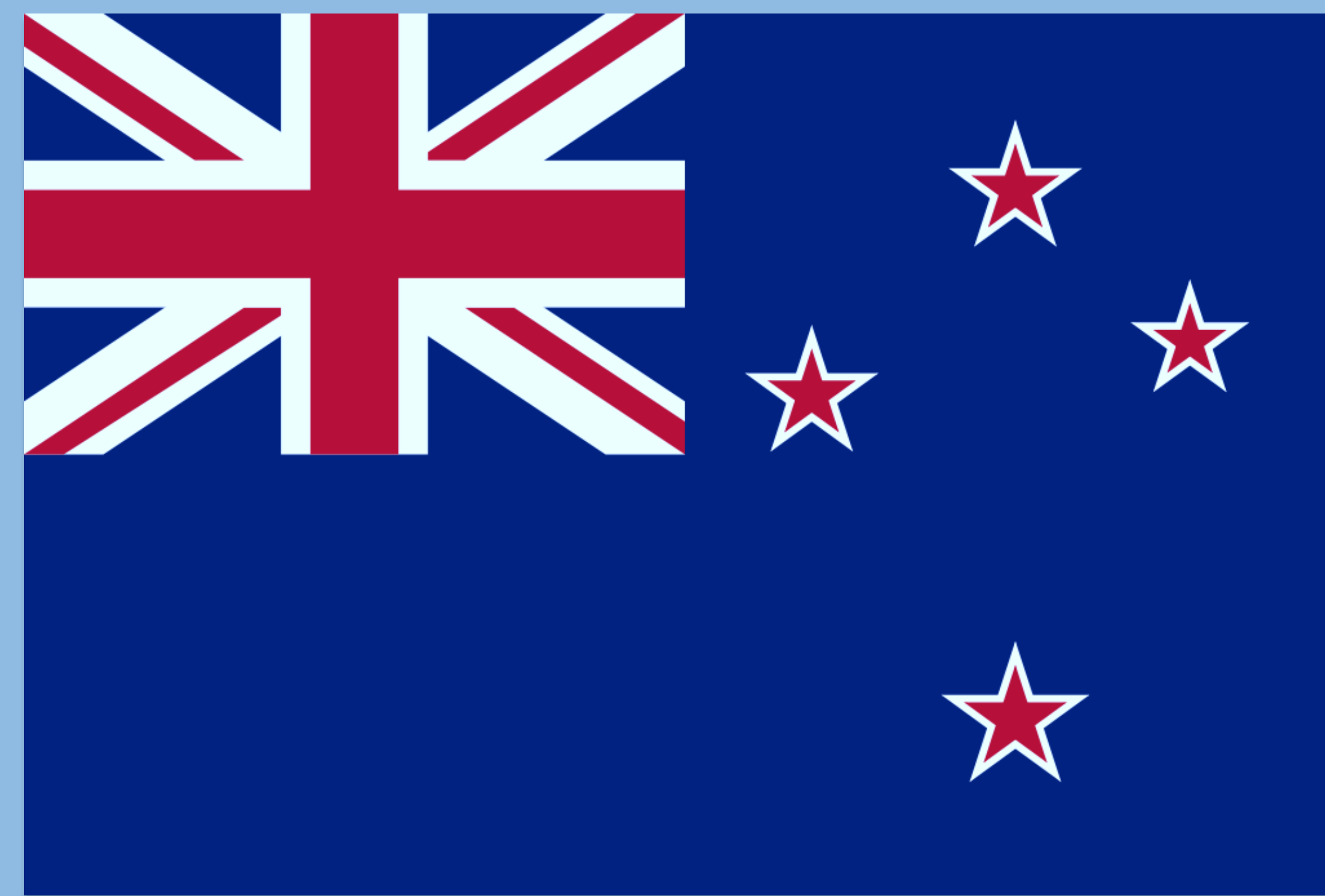
A National Dementia Care Pathway Explored

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Background A national, systematic diagnosis and care pathway has the potential to alleviate pressing challenges experienced by individuals with dementia, their carers, and healthcare providers. International exemplars were sought to compare/contrast dementia care with current practice in the United States (US). Specifically, the 2013 New Zealand (NZ) Framework for Dementia Care was explored.



Conclusions & Implications Compared to the US where only 2.12% of the Medicare spend is on primary care (Bannow, 2019), NZ is grounded in a strong primary care foundation as are many of the world's most highly functioning health care systems (Schneider, Sarnak, Squires, Shah & Doty, 2017). Individual states exploring total cost care models, do have the capacity to redesign primary care for enhanced capacity for dementia management both within practice and community settings and should take action. This model has heightened potential in the era of COVID-19, where care in the least restrictive, most cost effective environment—likely supported by telehealth—is emerging as a public health and economic imperative.

Purpose was to better understand NZ's systematic, primary care-led, home and community-focused dementia management approach from the perspective of those delivering care. To better understand its potential for adoption, US providers were similarly studied.

Results The findings in New Zealand informed a thematic illustration of the pathway (Figure 1) and six main themes:

1. National standards create a progressive pathway;
2. Standards include making the diagnosis and assessing caregiving support;
3. The burden of care is eased by education, cultural sensitivity, and respite;
4. Adaptive teamwork enhances access to care and assures person/family centered care delivery;
5. Home is the preferred setting; and
6. Workforce rewards and challenges are present.

Results A comprehensive review of 30 different codes resulted in themes expressed by the sample of 5 nurse practitioners in one rural state who participated in this study. Their experience with the diagnosis of dementia in primary care can be summarized as follows:

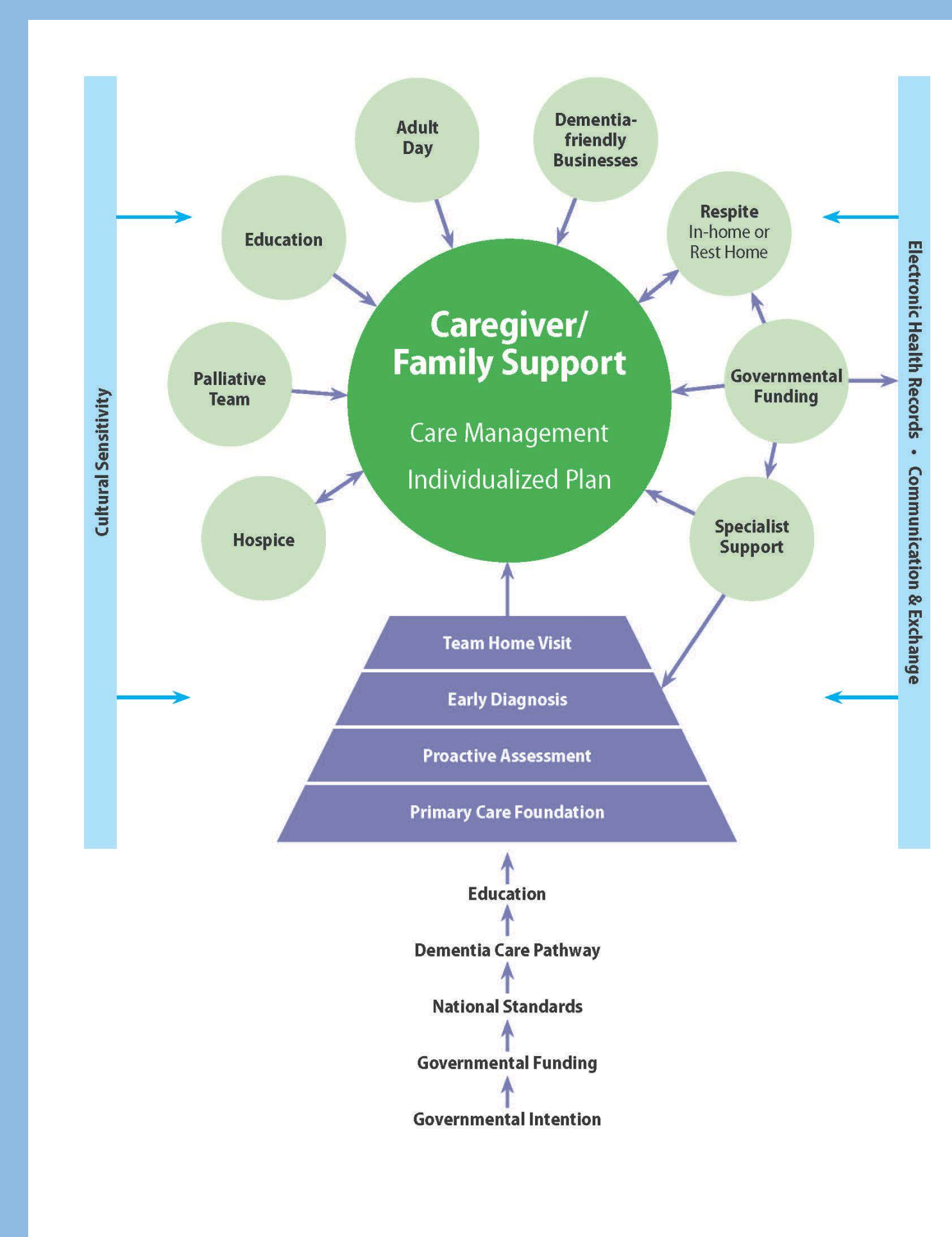
1. Reactive rather than proactive approach to a difficult and painful diagnosis for individual, family and provider.
2. Paradoxical perceptions of specialty care.
3. An evolving appreciation of interprofessional teams within limited resources.

Limitations

This study shares the generalizability limitations of qualitative designs. Moreover, the design does not support a direct comparison between the two nations, but instead offers an illustration of NZ, which is shown in relief to a small US sample. Nevertheless, the findings demonstrate a promising pathway for consideration in the U.S.

Methods Maximum variation purposive sampling was used in this qualitative descriptive study of 28 participants (18 New Zealand, 10 United States) including providers, case managers/social workers and government officials. Following review and approval by the IRB, investigator-developed semi-structured interviews were used, with recruitment of participants continuing until data saturation was reached. Data were then explored for themes using qualitative content analysis, the preferred approach for qualitative descriptive design, and supported by HyperResearch. Throughout the study, qualitative research quality enhancement strategies follow the classic approach of Guba and Lincoln (1994).

Figure 1: A thematic illustration of the New Zealand's Framework for Dementia Care



For the 5 social workers who were interviewed, three themes within an overarching meta-theme of *navigating unpredictability* emerged, as follows:

1. Weaving together insufficient, inadequate, inconsistent and inequitable resources
2. Cobbling a foundation for an uncertain future
3. Catalyzing capacity and supporting emotion endurance.

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